

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Maat	Paula	Beth

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Department of Conservation

Division, Board, Department, District, if applicable

Your Position

Division of Oil, Gas and Geothermal Resources

Engineering Geologist

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____                                      |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____  |

**3. Type of Statement (Check at least one box)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____<br>(Check one)                    |
| -or-  | <input type="checkbox"/> The period covered is January 1, 2017, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2017.  | -or-  |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____   | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.  |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ |   |

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**
**Schedules attached**

- |   |   |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments - schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments - schedule attached | <input type="checkbox"/> Schedule D - Income - Gifts - schedule attached                      |
| <input type="checkbox"/> Schedule B - Real Property - schedule attached | <input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached    |

-or-

☒ None - No reportable interests on any schedule

**5. Verification**

 MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

5816 Corporate Ave., Suite 100

Cypress

CA

90630

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 714 ) 699-0648

Paula.Maat@conservation.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 3/30/18  
(month, day, year)

 Signature PMaat  
(File the originally signed statement with your filing official.)